

FAMILY RESOURCE & REFERRAL CENTER

Serving the Community for over 30 years

509 W. Weber Ave., Suite 104, Stockton, California 95203

Phone: (209) 948-1553 ~ Toll Free: (800) 526-1555 ~ Fax: (209) 948-3554

www.frrcsj.org



Child Care Assistance - Child Nutrition - Community Resource & Referral - Early Care & Education - Public Relations - Administration

Family Resource and Referral Center ELECTRONIC PAYMENT PROGRAM

In order to participate in the Family Resource and Referral Center (FRRC) electronic payment program, we require the following to be agreed upon by you as a cardholder or as a recipient of funds via direct deposit.

Direct Deposit:

- You agree to abide by the policies and procedures related to provider reimbursements in FRRC's Parent & Provider Handbook and/or CCFP Sponsor Site Agreement.
- You agree to provide us with a bank account number that is held by the child care provider or jointly by child care provider and spouse only.
- You agree to provide FRRC a check clearly marked VOID or a completed direct deposit form from your bank stating your name, account number, and routing number.
- You agree to provide FRRC 30 days notice if you change banks, close or change account numbers.
- You understand that electronic payment and FRRC are bound by the regulations of the National Automated Clearing House Association (NACHA). For more information on NACHA visit www.nacha.org

Please complete and return the attached form to Family Resource and Referral Center.

RETURN BY MAIL TO:

Attn: D.D. Coordinator
Family Resource and Referral Center
509 W. Weber Ave. Ste. 101
Stockton, CA 95203

**Family Resource and Referral Center
ELECTRONIC PAYMENT AUTHORIZATION FORM**

Check the box to indicate this is a *change*
(Change in account)

I hereby authorize Family Resource & Referral Center (FRRC) to initiate credit entries to my account. I also authorize debit entries, if necessary, to correct errors so that my net reimbursement and any authorized deductions are correctly transferred to my account. I understand that corrections for overpayments will be made by debiting my account for the full amount of the erroneous credit and crediting my account for the correct amount. I understand the rules regulating my electronic payment request and authorize electronic payment of child care provider payments into the account identified below.

SIGNATURE: _____ DATE _____

NAME: _____
Please print your name

ADDRESS: _____

BEST CONTACT NUMBER: _____

BANK NAME/ADDRESS: _____

NAME ON ACCOUNT: _____

ACCOUNT#: _____ ROUTING/TRANSIT#: _____

Please attach a voided check or a completed direct deposit printout from your banking institution.

FOR FRRC USE:

Provider ID: _____

Prenote Date: _____

SCC: _____ *CCFP:* _____